



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

09/534,946

03/24/2000

Frank R. Ruderman

MBHB00-203

1964

20306

7590

09/18/2007

MCDONNELL BOEHNEN HULBERT & BERGHOFF LLP

300 S. WACKER DRIVE

32ND FLOOR

CHICAGO, IL 60606

EXAMINER

NAJARIAN, LENA

ART UNIT

PAPER NUMBER

3626

MAIL DATE

DELIVERY MODE

09/18/2007

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

---

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

**BEFORE THE BOARD OF PATENT APPEALS  
AND INTERFERENCES**

Application Number: 09/534,946  
Filing Date: March 24, 2000  
Appellant(s): RUDERMAN ET AL.

**MAILED**

SEP 18 2007

**GROUP 3600**

---

John J. McDonnell  
For Appellant

**EXAMINER'S ANSWER**

This is in response to the appeal brief filed 4/11/07 appealing from the Office  
action mailed 5/31/06.

**(1) Real Party in Interest**

A statement identifying by name the real party in interest is contained in the brief.

**(2) Related Appeals and Interferences**

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

**(3) Status of Claims**

The statement of the status of claims contained in the brief is correct.

**(4) Status of Amendments After Final**

The appellant's statement of the status of amendments after final rejection contained in the brief is correct.

**(5) Summary of Claimed Subject Matter**

The summary of claimed subject matter contained in the brief is correct.

**(6) Grounds of Rejection to be Reviewed on Appeal**

The appellant's statement of the grounds of rejection to be reviewed on appeal is correct.

**(7) Claims Appendix**

The copy of the appealed claims contained in the Appendix to the brief is correct.

**(8) Evidence Relied Upon**

5,724,580	LEVIN	3-1998
6,576,471	OTVOS	6-2003
5,925,229	KRAUSS	7-1999

6,024,699

SURWIT

2-2000

### **(9) Grounds of Rejection**

The following ground(s) of rejection are applicable to the appealed claims:

#### ***Claim Rejections - 35 USC § 103***

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 22, 24-28, and 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Levin et al. (5,724,580) in view of Otvos (6,576,471), Krauss et al. (5,925,229), and Applicant's Background of the Art (page 1 of specification).

(A) As per claim 38, Levin discloses a system for managing coronary disease data (reads on "managing cardiovascular healthcare information") (col. 1 lines 9-18, col. 2 lines 39-45 and 50-57, and col. 11 lines 12-15) comprising:

(a) a centralized data management center for maintaining a record of data received by and transmitted from relational databases relating to coronary disease data, wherein the records include patient diagnosis and treatment information collected over time, wherein the processing means at the centralized data management center provide for analyzing patient test results using a coronary wellness master algorithm and artificial intelligence, such as analyzing ECG information, lipid data, including total

Art Unit: 3626

cholesterol, LDL cholesterol, and HDL cholesterol, and blood pressure of a patient (Fig. 3 and 25A, col. 5 lines 1-36, col. 6 lines 3-28, col. 7 lines 55-63, col. 7 line 64 to col. 8 line 7, col. 8 line 21 to col. 39, col. 10 lines 3-15, col. 10 lines 3-15 and lines 50-55, and col. 12 line 46 to col. 14 line 10), wherein the processing means runs a lipid classification algorithm by inputting patient's LDL and HDL cholesterol values and checking the patient values against the upper limit for normal LDL and HDL cholesterol values, wherein the normal values are stored in the databases at the centralized data management center (Fig. 1-2, 4, and 11-15, Abstract lines 11-14, col. 5 lines 25-37, col. 8 line 21 to col. 9 line 40, col. 10 lines 56-57, and col. 11 lines 5-10);

(b) a monitor displaying a menu (reads on "data entry interface") for entering all known and required information, including patient information such as name, birth date, sex, height, and weight, and test results, such as lipid data, including total cholesterol, LDL cholesterol, and HDL cholesterol, and storing the information and test results at the centralized data management center databases (Abstract lines 11-14, Fig. 1-2, col. 4 line 53 to col. 5 line 36, col. 10 lines 50-57, and col. 11 lines 5-10); and

(c) processing means at the centralized data management center for analyzing patient test results using a coronary wellness master algorithm and artificial intelligence, such as ECG information, lipid data, including total cholesterol, LDL cholesterol, and HDL cholesterol, and blood pressure of a patient (reads on "diagnostic engine") (col. 7 lines 55-63, col. 8 line 21 to col. 39, col. 10 lines 3-15, col. 10 lines 3-15 and lines 50-55, and col. 12 line 46 to col. 14 line 10), wherein the algorithm correlates test results with risk factors for coronary artery disease and possible treatment recommendations

with regard to antiscemic therapy, hypolipidemic therapy, antihypertensive therapy, antithrombotic therapy, diabetes, smoking cessation, body weight, and exercise (Fig. 25A-B and col. 10 lines 3-15), wherein an example of the correlation of risk factors includes running a classification of a patient into either an HDL cholesterol acceptable class or a HDL cholesterol low class or HDL elevated class (Fig. 25A-B and col. 8 lines 20-60).

In addition, Levin includes within Figures 11-15 measuring HDL and LDL levels using the units of mg/DL and then classifying the patient into an appropriate class, either an elevated class or optimal class based on the HDL and LDL levels (col. 8 lines 21-47). It is noted that HDL and LDL levels are sub classes of a patient's total cholesterol (Fig. 11-15 and col. 8 lines 21-47).

Levin does not expressly disclose the database storing data of at least 900 patients. However, Levin clearly teaches that the pool of patient information stored in the database will grow over time (col. 6 lines 3-15). The Examiner respectfully submits that it is well known in the medical database arts to store data for large numbers of patients. For example, it is well known that large hospitals and even small medical practices have databases storing records for more than 900 patients. It would have been obvious at the time of Applicant's invention to include this feature with the motivation of determining the effectiveness of diagnoses and treatments as information is gathered over time based on large numbers of patients (Levin; col. 6 lines 3-15).

Levin fails to expressly disclose test results of concentration of subclasses of LDL and subclasses of HDL from cardiovascular patients.

Otvos discloses generating lipoprotein measurement values for a patient's blood sample, the lipoprotein measurement values including a plurality of lipoprotein subclass variable measurements, including LDL size, LDL concentration (reads on "concentration of subclasses of LDL"), large HDL concentration (reads on "concentration of subclasses of HDL"), large VLDL concentration, LDL-C, and HDL-C (see Fig. 2: 71), comparing the plurality of patient lipoprotein subclass variable values with respective predetermined test criteria for determining whether the subclass variable values are associated with a higher or lower risk of developing coronary heart disease, evaluating the lipoprotein measurement values and generating a reduced target value or values for what represents an optimal or low risk value for selected lipoprotein constituents to provide a patient-specific treatment guideline based on the presence of predetermined risk criteria, and automatically generating personalized lipoprotein-based reports for patients (Fig. 1: 32, 32a, 33, 33a, 33b, 43, 43a, 43b, Fig. 2, 2A, 3, 4, 5, 7, 8, 9, 11, 14, col. 3 line 32 to col. 4 line 5, col. 5 lines 22-45, col. 11 lines 12-46, col. 16 lines 48-62, col. 19 line 55 to col. 20 line 40).

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to include the aforementioned lipoprotein subclass variable measurements of Otvos within the system taught by Levin with the motivation of accurately diagnosing a patient with coronary artery disease by using a comprehensive set of data thus allowing a physician to effectively manage coronary artery disease (Levin; col. 2 lines 15-60) and utilizing subclass information for lipoproteins because

Art Unit: 3626

subclass information provides a more reliable indicator of a patient's risk to develop coronary heart disease (Otvos; col. 1 lines 55-65).

As per the recitation of "identifying patients who do not have hyperlipidemia but are in need of treatment", Otvos teaches using NMR spectroscopy to obtain subclass information, wherein the subclass information is a more reliable indicator of a patient's risk to develop coronary heart disease, wherein various subclasses of lipoproteins may provide more reliable markers of the metabolic conditions that predispose individuals to a greater or lesser risk of heart disease (col. 1 line 42 to col. 2 line 11). Further, Otvos teaches that without an NMR subclass profile, a patient with a specific type of lipid profile may have been overlooked as a candidate for further review or potential behavior altering counseling (or even drug therapy) because of the number of borderline lipid measurement results (col. 16 lines 48-62). It is respectfully submitted that using an NMR subclass profile, such as that disclosed by Otvos, is a means for identifying patients who do not have hyperlipidemia but are in need of treatment (i.e., patients who would ordinarily be overlooked). The motivation being to improve the health care of patients by using the subclass information as a more reliable indicator of a patient's risk to develop coronary heart disease (col. 1 line 42 to col. 2 line 11).

Levin and Otvos fail to expressly disclose the subclasses of LDL particles and subclasses of HDL particles being levels determined by segmented gradient gel electrophoresis.



Krauss discloses using segmented gradient gel electrophoresis to determine the subclasses of LDL particles and HDL particles (col. 1 line 15 to col. 2 line 47, col. 14 line 61 to col. 16 line 22)

At the time the invention was made, it would have been obvious to one of ordinary skill in the art to combine the features of Krauss within the system of Levin and Otvos with the motivation of providing a rapid and inexpensive assay for quantifying LDL and HDL subclasses (Krauss; col. 2 lines 49-67).

As per the recitation of "the particle subclasses including HDL2b," it is respectfully submitted that the Applicant's Background of the Invention discloses that "the art describes cardiovascular risk factors such as... lipid profiles including LDL and HDL and subclasses (fractions) of LDL and HDL. Methods for measuring these factors and relating them to patient treatment are also known." The Examiner respectfully submits that it is well known in the art that HDL2b is a major subclass of high-density lipoproteins. It would appear from Applicant's Background of the Invention that this would be a "cardiovascular risk factor" that is well known in the art. The motivation for measuring this factor using segmented gradient gel electrophoresis being to provide an ever more nuanced picture of the cardiovascular disease process that will enable doctors to better assess which patients are at risk for heart disease, stop heart attacks before they happen and develop more effective, customized treatment plans.

(B) As per claim 22, Levin discloses a monitor displaying a menu (reads on "physician data access interface") for providing a physician, such as a cardiologist, with the ability

to access, display, review, and transfer information stored at the centralized data management center (col. 2 lines 1-15, col. 5 lines 49-67, and col. 11 lines 1-10).

(C) As per claim 24, Levin discloses a storage means that stores information related to coronary illness risk factors which have been established based on empirical data, wherein the information allows physicians to determine the effectiveness of diagnoses and treatments as the information is gathered over time and as the pool of treated patients increases (Abstract lines 11-14, col. 6 line 3-15, and col. 10 lines 3-15). It is respectfully submitted that the storage means disclosed by Levin is a form of a knowledge base as the data collected in the database is a collection of knowledge of specialists such as cardiologists, and the data collected will be used to effectively identify patients at significant risk of sudden death and to quantify the success of various treatments both for the patient pool and for particular patients (col. 6 line 3-15).

(D) As per claims 25-27, Levin discloses processing means at the centralized data management center for analyzing patient test results using a coronary wellness master algorithm and artificial intelligence, wherein patient test results include ECG information, lipid data, including total cholesterol, LDL cholesterol, and HDL cholesterol, and blood pressure of a patient, and wherein the test results determine base numbers for a patient (reads on "diagnostic engine" and "baseline determination for ongoing therapy monitoring") (Fig. 3, col. 5 lines 25-36, col. 6 lines 16-28, col. 7 lines 55-63, col. 7 line 64

to col. 8 line 7, col. 8 line 21 to col. 39, col. 9 lines 18-39, col. 10 lines 3-15, col. 10 lines 3-15 and lines 50-55, and col. 12 line 46 to col. 14 line 10) wherein:

(a) the algorithms correlate test results with possible treatment recommendations with regard to antiscemic therapy, hypolipidemic therapy, antihypertensive therapy, antithrombotic therapy, diabetes, smoking cessation, body weight, and exercise (Fig. 25A-B and col. 10 lines 3-15);

(b) the algorithms correlate test results with possible or recommended diagnoses, such as such as whether the levels of total cholesterol, LDL cholesterol, and HDL cholesterol are acceptable or not, and the diagnosis classification for blood pressure of a patient, wherein the classification includes normal, high-normal, mild hypertension, moderate hypertension, severe hypertension, and very severe hypertension (col. 8 line 21 to col. 9 line 39, col. 10 lines 3-15, and col. 11 line 10-15); and

(c) the algorithms correlate diagnosis information with possible or recommended treatments (Fig. 25A-B, col. 5 lines 16-37, col. 6 line 16 to col. 7 line 47, col. 8 line 21 to col. 9 line 39, and col. 10 lines 3-15).

(E) As per claim 28, Levin discloses the algorithms correlating test results with possible treatment recommendations with regard to antiscemic therapy, hypolipidemic therapy, antihypertensive therapy, antithrombotic therapy (reads on "personalized drugs"), diabetes, smoking cessation, body weight, and exercise (Fig. 25A-B and col. 10 lines 3-15).

Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Levin et al. (5,724,580), Otvos (6,576,471), Krauss et al. (5,925,229), and Applicant's Background of the Art (page 1 of specification), and further in view of Surwit et al. (6,024,699).

(A) As per claim 23, the relevant teachings of Levin and Otvos, and the motivation for their combination is as discussed in the rejections above, and incorporated herein.

Levin, Otvos, and Krauss fail to expressly disclose a communication system allowing the physician to communicate cardiovascular healthcare management information to a patient. However, Levin includes communicating coronary illness information to and from a physician, such as a cardiologist, via communication network (Fig. 1-3 and 25A-25B, col. 2 line 62 to col. 3 line 10, col. 4 lines 31-55, col. 7 lines 33-47, and col. 7 line 64 to col. 8 line 7).

Surwit discloses a system for monitoring, diagnosing, prioritizing, and treating chronic medical conditions of a plurality of remotely located patients, wherein treatment information is provided to a patient via a computer network (Fig. 1 and 3, col. 2 lines 38-55, col. 3 lines 24-38, col. 6 line 27 to col. 7 line 13, col. 9 lines 24-58, col. 18 line 45 to col. 19 line 40).

At the time the invention was made, it would have been obvious to a person of ordinary skill in the art to combine the aforementioned component of Surwit within the system taught collectively by Levin, Otvos, and Krauss with the motivation of quickly and easily monitoring patients and automatically identifying a patient with a medical

condition, quickly preparing and revising medicine dosages for a patient and then efficiently communicating revised dosage information to a patient (Surwit; col. 2 lines 25-35), and reducing the costs of medical treatment by providing a fast, effective technique for providing comprehensive management of coronary patients based on risk factors including up to date diagnoses and treatment information (Levin; col. 2 lines 16-49).

**(10) Response to Argument**

In the Appeal Brief filed 11 April 2007, Appellant makes the following arguments:

A) Levin does not recognize the LDL subclass and HDL subclass analysis can identify patients that have apparently normal LDL and HDL total values. If anything Levin teaches away from applicant's invention in that it only considers total HDL and LDL in the data base.

B) Otvos does not recognize the possibility of identifying patients with normal LDL and HDL who need treatment and the NMR technique is incapable of doing so.

C) Krauss only describes the use of segmented gel electrophoresis to determine some LDL subclasses and does not describe the separation of HDL subclass. Krauss does not describe a database of LDL subclasses or HDL subclasses. Krauss does not describe any HDL subclasses, much less the HDL2b subclass present in the data base of the claimed health care management system.

D) To properly combine references to reach a conclusion of obviousness, there must be some teaching, suggestion or inference in the references, or knowledge

Art Unit: 3626

generally available to one of ordinary skill in the art, which would have led one to combine the relevant teaching of the two references. There is no suggestion to combine Levine, Otvos and Krauss to provide a healthcare management system for identifying patients who do not have hyperlipidemia based on total LDL cholesterol and total HDL cholesterol, but are in need of treatment.

Examiner will address Appellant's arguments in sequence as they appear in the brief.

Arguments A, B, and C:

In response to Appellant's first three arguments, the Examiner respectfully submits that Levin was relied upon for teaching the basic architecture of the system claimed by Appellant. The Examiner provided Otvos to teach subclasses of HDL and LDL. Appellant argues that Krauss fails to teach HDL 2b. The Examiner did not rely upon Krauss for this feature. The Examiner pointed out that Applicant's Background of the Invention teaches or suggests this feature.

Argument D:

In response to applicant's argument that there is no suggestion to combine the references, the examiner recognizes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention

Art Unit: 3626

where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988) and *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992). In this case, the Examiner has provided motivations to combine the applied prior art directly from the references themselves. Note the motivation provided for combining Otvos within Levin of accurately diagnosing a patient with coronary artery disease by using a comprehensive set of data thus allowing a physician to effectively manage coronary artery disease (Levin; col. 2 lines 15-60) and utilizing subclass information for lipoproteins because subclass information provides a more reliable indicator of a patient's risk to develop coronary heart disease (Otvos; col. 1 lines 55-65). As such, it is respectfully submitted that an explanation based on logic and sound scientific reasoning of one ordinarily skilled in the art at the time of the invention that supports a holding of obviousness has been adequately provided by the motivations and reasons indicated by the Examiner.

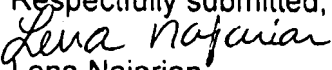
In addition, the Examiner respectfully submits that *KSR* forecloses Appellant's argument that a specific teaching is required for a finding of obviousness. *KSR*, 127 S.Ct. at 1741, 82 USPQ2d at 1396.


**(11) Related Proceeding(s) Appendix**

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner's answer.


Art Unit: 3626

For the above reasons, it is believed that the rejections should be sustained.

Respectfully submitted,  
  
Lena Najarian


  
LN  
July 30, 2007

Conferees:

  
C. Luke Gilligan  
Primary Examiner  
Tech Center 3600

  
Vincent Millin  
Appeals Conference Specialist  
Tech Center 3600

JOHN J. McDONNELL  
McDONNELL BOEHNEN  
HULBERT & BERGHOFF LLP  
300 SOUTH WACKER DRIVE  
CHICAGO, ILLINOIS 60606

  
C. LUKE GILLIGAN  
PRIMARY EXAMINER  
TECHNOLOGY CENTER 3600